

City of Springfield, Missouri Special Event & Amplified Sound Permit

Issued by the City of Springfield, Missouri,

Beaver Birthday Bash

(Not Transferable)

Event Date: <u>Saturday, April 23, 2016</u>

Event Time: <u>11:00 a.m. - 4:00 p.m.</u>

Event Location: 1313 W Kearney

Estimated Attendance: 500

Conditions:

- * Applicant must obtain catering letter of approval for liquor license.
- * Applicant must obtain permission letter from property owner.
- * All vendors must be licensed.

Signed: Special Event Permit Coordinator

Date: ______3/21/16

This is a permit only, and is not an endorsement of the scheduled event.



Special Event Permit Application

1.	Event Name: Beaver Birthday Bash				
2.	Event Date(s): April 23rd, 2010				
	Alternate date(s):				
3.	Name of Organization: Bottom Shelf				
	Street Address: 1313 Livest Kenney St				
	City/State/Zip: Springfield, Mo. (15807)				
	First Contact Person: Karen Strausbaugh				
	Work Phone: (417) 831 - 0220 Fax: () -				
	Home Phone: () - Cell Phone: (8 い) 836 - しつしゅ				
	Second Contact Person: Kurt Landmann				
	Work Phone: (Fax: ()				
	Home Phone: (Cell Phone: (_1\&) 530 - 6969				
	Promoter, if different from Organization:				
	Promoter Contact:				
	Promoter, if different from Organization: Promoter Contact: Promoter Phone: Fax:				
4.	Give a brief description of the event: <u>Celebrating Lyear Anniversary</u>				
	for Botton Shelf J				
_					
5.	Is this a first time event? No if no, last year that event was held: Held at				
	Is this a first time event? No if no, last year that event was held: Held at Please list any variations from the previous year: 1313 West Kearney St. Springfie Same location and it was Grand Opening Mo. USoo				
	- Same location and it was Grand Opening Mo. USO				
e					
6.	Festival Location: Park Street Park and Street				
	Name of Park and/or Street(s): Name of Park and/or Street(s):				
7.	Event Tymo, (check of the tempty)				
<i>,</i> .	Event Type: (check all that apply)				
	Carnival Concert Filming Parade Fireworks Run/Walk				
	Festival Sporting Event				
	Other (describe) Celebrating I year of opening				
Q	Festival Operation Schedule (specify day, date and times):				
ο.	Indicate S for active F for event day, date and times):				
	Indicate S for set up, E for event day, T for tear down.				
	(If more room is needed, list on a separate sheet of paper.)				
	Event Beaver Birthdon Bosh 11am - 4 am				
	The state of the s				
	Tear down - 6:00- 7,000 pm				
9.	Estimated attendance per day: 560				
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10	Is this a charity event? Yes No \(\square\) If yes, please list name of organizations, contact name, phone number and address for each Organization:					
	<u>Organization</u>	Contact Name	Address	Phone No.		
		Yes				
11	1. Will this event be open to the public or by invitation only					
12	Will admission be charged? Yes No V					
13	. Will donations be taken? Yes No V					
14	List all the streets you Street (indicate cross (i.e: Broadway (Cheste	Time 16/09 9:00 pm)				
	(If more room is nee	ded, list on a separate shee	t of paper and attach to t	he application)		
15.	Will food be served and/or prepared at your event? How many food vendors do you anticipate having How will food be prepared: LP gas grill Charcoal grill Electric grill					
16.	Will alcoholic beverages be available at your event? Yes No If so, please answer all of the following: a) What type of alcoholic beverages will be available: Beer Wine Spirituous Liquor b) Will alcoholic beverages be sold by the drink or given away C c) Note what days, dates and times alcoholic beverages will be available: Saturday April 23 rd , 26 W					
17.	If so, please answer a a) Will stages be bu	e entertainment or music at all of the following: ilt? Yes No If ye e performances take place Start Time	s, how manyeach day: Finish Time	· ·		
19. 20. 21. 22. 23.	Will you be using ger Will tents be erected Will you require acce Will your event requi Have you arranged for If so, who will be pro	ical wiring be installed for nerators and/or utility for your event? Yes 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	y power v No If so, how many S No V Yes No V			
25.	Describe your plans for	or Emergency Medical Servor trash removal, as well as ect of the event: No control of the event:	any organizations or pe	rsons directly		

Additional City Permits/Licenses/Insurance Certificates may be required. Applicant is responsible to obtain all additional permits/licenses/insurance certificates required upon the issuance of this use permit.

Applicant must check and agree to abide by the following conditions to obtain this permit:

CLEAN UP - Applicant agrees to promptly clean up all paper or debris caused by applicant's use of the area and understands that if such clean up is not promptly undertaken the City reserves the right to do the cleaning itself and to charge the applicant for the actual time and expense incurred (bond or cash security may be required if attendance exceeds 1,000 persons).

INSURANCE - Applicant agrees to provide a policy of liability insurance in the amount of \$1,000,000 per person, \$1,000,000 in the aggregate, naming the City of Springfield as an additional named insured, with appropriate endorsements as required by the City's Risk Management Administrator.

If liquor is provided or served on City property the liquor license holder must provide liquor liability insurance in the amount of \$1,000,000 per occurrence, naming the City of Springfield as additional insured. Event sponsor will provide copies of these certificates of insurance to the City. Liquor liability must clearly be stated on all certificates of insurance.

Certificates of insurance must be submitted with application.

(V) INDEMNITY - Applicant agrees to defend, indemnify and hold the City of Springfield harmless from and against all claims, losses, and liability arising out of personal injuries, including death, and damage to property which are caused by Applicant, or arising out of or in any way connected with the activities conducted pursuant to this application.

(V) CITY CODES/PERMITS - Applicant has received and read a copy of Section 36-485 of the City's Zoning Ordinance pertaining to Noise Standards. Applicant agrees to abide by all conditions as specified in the ordinance. Applicant also agrees to obtain all City permits and licenses that may be required, and shall comply with all other City laws and other conditions that the City Manager determines necessary.

(CONDUCT/NUISANCES - Applicant understands that if the outdoor activity is conducted in such a way as to create a nuisance for any business or resident of the area, future permits may be denied for that reason alone. Applicant will be notified as soon as practical that the activity engaged in created a nuisance and may ask for a review of such determination.

This application will not be processed unless a site map is included. Indicate location of tents, stages, portable rest rooms, fencing, food booths, alcoholic and non-alcoholic beverage booths, etc. Also indicate where streets will be blocked and how (fencing, barricades, stages, tents, etc.).

The Special Event Permit Coordinator in the Department of Public Information must be informed of any changes to the information provided in this document or to the site map.

Diane E Ziegelbein

816 224-3336

Phone Number

Diane E. Ziegels

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Date

If you have any questions regarding an event or this application, please contact Sharon Spain, Special Event Permit Coordinator, at (417) 864-1105 or sspain@springfieldmo.gov